

**CERTIFICATE OF COMPLETION  
FREEDOM OF ACCESS ACT  
Training Required by 1 M.R.S.A. § 412**

I, \_\_\_\_\_, hereby certify that I have met the training  
(*Name of official or public access officer*)

requirements set forth in [1 M.R.S.A. § 412](#) on \_\_\_\_\_  
(*Date of training*)

by completing the following training:

- A thorough review of all the information made available on the Frequently Asked Questions portion of the State website, [www.maine.gov/foaa/faq](http://www.maine.gov/foaa/faq).
- Another training course that includes this information, identified as follows:

\_\_\_\_\_  
(*Title of Course*)

\_\_\_\_\_  
(*Name of Course Provider*)

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Elected/Appointed Office or Position*

**Note:** A public access officer or an official subject to this section shall complete the training not later than the 120<sup>th</sup> day after the date the official assumes the person's duties as an official or the person is designated as a public access officer.